

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No.

2004671

30/3/4Q

Water Right Permit No.

(1) OWNER Name Ron Coster, Craig Carliss, Charles Russell Address P.O. Box 561 Duwamish, Wash. 98001

(2) LOCATION OF WELL County Island SW SE 4 T 30 N R 3

(2a) STREET ADDRESS OF WELL (or nearest address) 2676 S. Broadmoor Rd. Camano Is. Wash

(3) PROPOSED USE ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐
☐ DeWater ☐ Other ☐

(4) TYPE OF WORK Owner's number of well (if more than one) _____
Abandoned ☐ New well ☒ Method ☐ Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS Diameter of well 6 inches
Drilled 255 feet Depth of completed well 255 ft

(6) CONSTRUCTION DETAILS
Casing installed 6 Diam from +1 ft to 251 ft
Welded ☒ Diam from _____ ft to _____ ft
Liner installed ☐ Diam from _____ ft to _____ ft
Threaded ☐

Perforations Yes ☐ No ☒
Type of perforator used _____
Size of perforations _____ in by _____ in
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft

Screens Yes ☒ No ☐
Manufacturer's Name Johnson
Type Stainless Model No _____
Diam 5 Slot size 6 from 250 ft to 255 ft
Diam _____ Slot size _____ from _____ ft to _____ ft

Gravel packed Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft to _____ ft

Surface seal Yes ☒ No ☐ To what depth? 18 ft
Material used in seal Bentonite
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP Manufacturer's Name N/A
Type _____ HP _____

(8) WATER LEVELS Land surface elevation above mean sea level 200 ft
Static level 195 ft below top of well Date 6/10/92
Artesian pressure _____ lbs per square inch Date _____
Artesian water is controlled by _____ (Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes by whom? _____
Yield _____ gal/min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____
Bailer test 20 gal/min with 5 ft drawdown after 2 hrs
Artest _____ gal/min with stem set at _____ ft for _____ hrs
Artesian flow _____ gpm Date _____
_____ Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation Describe by color character size of material and structure and thickness of aquifers and the kind and nature of the material in each stratum penetr with at least one entry for each change of information

MATERIAL	FROM	TO
Sand	0	19
brown clay	192	19
blue clay	196	20
brown clay	208	21
silt	218	22
blue clay	226	23
silt	233	25
Fine sand	250	25

Work started 6/4/92 19 Completed 6/10/92

WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my knowledge and belief.

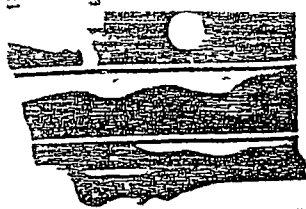
NAME Kounkel Well Drilling
(PERSON FIRM OR CORPORATION) TYPE OR PRI

Address 897 N. Smith Rd. Camano Is.

(Signed) Jerry Kounkel License No 1892
(WELL DRILLER)

Contractor's Registration No KOUNKWD099KT Date 6/11
OF ADDITIONAL SHEETS (IF NECESSARY)

AKY 720 02617 301

WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

OK

Unique Well Tag No: AKY 720

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Chardonnay Water Last Name System

Street Address 1023 E Chardonnay Place

City Camano Island State WA 98282

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address Parcel S8240-00-00086-5 ^{Island} _{County} End of Chardonnay Pl.

City Camano Island County Island

T 30 N R 3 E WM Sec 4 SW 1/4 of the SE

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size or casing type or well housing, etc.)

6" Casing - Welded bot - 100'
radius clear of all structures and any
parent pollution sources

or Well Identification Tag

Tag strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

4

C	B	A
F	G	H
L	K	J
P	Q	R

well

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit #

Date Issued

Application

Permit

Certificate

Claim

Exempt